## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10045871

		CLAIMS AS	FILED - (Column			mn 2)		SMALL EN	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			59					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			59 minus 20= *		* 39			X\$ 9=	351	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *		* 4	* 4		X42=	168	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	<b>\$</b> \$9	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 15	Minus	\$	9	=		X\$ 9=	1	OR	X\$18=	
	Independent	* 3-	Minus	*** 7	,	=		X42=	-	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	•
							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)					, 100, 1, 1, 1, 1, 1	4
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- (C TIONAL* FEE =
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	3
	Independent	*	Minus	***	- 01 4144	=	<b>↓</b> ∣	X42=		OR	X84=	ļ
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  BEST AVAILABLE COPY						┚┃	+140=		OR	+280=	DE
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE		
	·	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		ÓR	X\$18=	
	Independent	*	Minus	***	T CL AIN	=	4 1	X42=		OR	X84=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140									OR	+280=	
		mn 1 is less than t mber Previously P					)."	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## NOTICE OF FEE DUE

DATE:	1/21/02			
TO:	1/21/02 DIPE			
FROM:	Office of Initial Patent Exami	nation		
SUBJECT	Γ: Fee Due			
APPLICA	TION NUMBER:	·	_	•
			*	•
Office for authorizat	ue for the attached document sub the following reason. Please char ion to charge a deposit account. appropriate fee. If an authorizationicy.	eck the applicati If an authorizati	ion for the ar	propriate
Insuffi	cient fee by check			, , , , , , , , , , , , , , , , , , ,
□ Insuffi	cient funds in deposit account	·		. <b></b>
□ Decline	ed credit card			
□ Non au	thorization for charge to deposit	account		
□ No fee	submitted per requirement			
	· •	·.		
The correc	t fee code:	amount	\$	
The susper	nded fee code: 197	amount	- \$	
Fee Due		amount		
If you have Eleanor Kun	any questions, please contact Cyrtz at 703-308-3642.	nthia Streater at	t 703-306-54	30 or
Terminal O	perator		· ·	